FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90168 009 ***150.00

						_	
DOCL L. Corporat	JMENT	#	L	27	'9	7	7

KAB ASSOCIATES, INC.

Mailing Address			a contract nam tinte (Mara corte (Mate 1964 1964 BEM)	, mimit mimit fi	1811 A1811 E1811 (88			
7133 ERICAROSE CT. C/O MILDA DE LA TORRE T. ANDREWS 15481 SW 60TH ST.								
		15481 SW 60TH ST.						
oca raton	FL 33349	MIAMI FL 33193				DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		
D-f- 1 :	0	· •				11/07/1989		
. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
<u> </u>		26				65-0163410		Not Applicable
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
L		27			•	-5. Certificate of Status Desired	Fee	Required
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.0	00 May Be
<u> </u>	-	28				Trust Fund Contribution		ed to Fees
Zip 1	Country	Zip	Co	untry		8. This corporation owes the current year Ir		34 10 1 000
	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	it Registered Agent		1		10. Name and Address of New Registered		
A D.F	THAN ISDALVALO SOO			81	Name	N		
	ELMAN, JERALYN S ESQ.			-	<u> </u>		·	-
	LMAN & REECE, P.A.			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	1	
	S. FEDERAL HWY., SUITE 330			83				
BOO	CA RATON FL 33432							
				84	City		85 Zi	p Code
Pursuant	to the provisions of Sections 607.050	2 and 607 4500 Florid		$\perp \perp$		oration submits this statement for the purpose or	1 1 .	•
agent. I a	registered agent, or both, in the State in im familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized rida Stat	d by to utes.	he corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as	registered
GNATURE								
	Signature, typed or printed name of registered agen		Registered	Agent	signature required	d when reinstating) DATE		
<u>. </u>	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	TORS IN 12
.E	PD PD	☐ DELETE	. 1.1 TF	TLE .			Change	
ΑE	BLUM, KENNETH L SR.		1.2 NA	ME				
REET ADDRESS	17133 ERICAROSE COURT ST.	ANDREWS	1.3 ST	REETA	ADDRESS			
Y-ST-ZIP	BOCA RATON FL		1.4 CI	TY-ST-	ZIP			
E	V	☐ DELETE	2.1 TIT	TLE .			☐ Change	e ☐ Addition
ΛE	Blum, Kenneth L Jr.		2.2 NA	ME				
EET ADDRESS	12639 WADERSPOUT CT.		2.3 ST	REETA	ADDRESS			
/-ST-ZIP	OWINGS MILLS MD 21117			TY-ST-				
E	ST	☐ DELETE	3.1 TIT				Change	
1E	DE LA TORRE, MILDA		3.2 NA				Change	Addition
EET ADDRESS	155481 SW 60TH ST.							
'-ST-ZIP	MIAMI FL 33193				ADDRESS			
E .	1 E 00 100	— □ DELETE	3.4. CI		ZIP			
E		☐ DELETE	4.1 TIT				Change	☐ Addition
EET ADDRESS			4. 2 NA	ME				
			4.3 STF	REETA	DDRESS			
-ST-ZIP			4.4 CIT	Y-ST-Z	ZIP			
-		☐ DELETE	5.1 TITI	Æ			Change	☐ Addition
E			5.2 NAM	ΝE				
ET ADDRESS			5.3 STR	REET AL	DDRESS			
-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP .			
: T		☐ DELETE	6.1 TITL	.E			Change	Addition
.			6.2 NAA	Æ			∟ Glange	□ vacinèu
ET ADDRESS					DDRESS			
ST-ZIP			1	(CT 7	Į.			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR